



Application for Enrollment 2012-2013

2-Year-Old, One-Day Program

Tuesday and Thursday

Consider for a second day in January (if available) – Tuition: \$125/month

Class Preference: Wednesday Class (9:15-11:45 a.m.)

Thursday (9:15-11:45 a.m.)

Tuition: \$80/month

Activity Fee: \$50 Registration Fee: \$35 = Total: \$85

For staff use:

Date: _____

Paid: _____

Amt.: \$ _____

Tuition

Registration/
activity fee

Cash

Check No. _____

Child's Name: _____ DOB: _____ Age: _____

Nickname: _____ Sex: _____

Address: _____ Phone: _____

_____ Alt. Phone: _____

_____ E-Mail: _____

Mother's Name: _____

Father's Name: _____

Occupation: _____

Occupation: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Address (if different from child):

Brothers and Sisters:
attend?

_____ Age: _____

_____ Age: _____

program?

_____ Age: _____

Which elementary school will your child

Are you planning to apply to the public pre-k

Yes No

Does your family currently attend church? Yes No

Where? _____

How did you learn about Mt. Zion UMC Preschool? _____

A non-refundable registration fee and an activity fee are required at registration. These fees secure a place for your child in the class. The activity fee covers the cost snacks and classroom supplies. The first monthly tuition payment is due on **Aug. 1, 2012. Tuition is paid one month in advance (**9 total**) and payments are due the first of each month **August 2012 through April 2013**. **If the August payment is not received by Aug. 5, 2012, it will be assumed you are no longer interested in your child attending Mt. Zion Preschool and persons on the waiting list will be contacted. Please make all checks payable to Mt. Zion Preschool.***

Mt. Zion UMC Preschool admits students of any race, religion and ethnic origin.

Signature of Parent: _____ Date: _____

1/12/2012

ENROLLMENT CONTRACT
MT. ZION UNITED METHODIST CHURCH PRESCHOOL
2 Yr. Old - One Day Program

We/I hereby consent to the enrollment of _____ in Mt. Zion United Methodist Church Preschool 2 Yr. Old Program for the year beginning Sept. 5 or 6, 2012 through May 15 and 16, 2013 and accept the terms of this contract. At the time of registration, a **non-refundable**, registration and activity fees are due. The first month's tuition of \$80.00 is due **August 1**. Tuition is paid one month in advance (**9 total** payments) and the tuition of \$80.00 will be due the 1st of each month, **August 2012 – April 2013**. If for any reason it is necessary to withdraw our child from the Preschool, we agree to give at least thirty (30) days notice or pay one month's tuition in lieu thereof.

We agree to accept and abide by the decision of the Director as to the best classroom placement of our child. Placement is based on balancing classes by age and gender.

Class Preference: _____ Wednesday, or _____ Thursday program: 9:15 – 11:45.

We agree to the following:

- \$35.00 Registration Fee and \$50.00 Activity Fee = \$85.00
- \$80.00 Monthly Tuition

We have selected the plan below as our means of paying the tuition. Tuition payments are due the first of each month and will be subject to a late fee of \$10.00 if received after the 5th of the month. Returned check fee is \$10.00, plus any fees charged by the bank. After the second returned check, all payments must be paid in cash, cashier's check or money order. (Please check your choice of payment below.)

- _____ \$720.00 Tuition - year in full payment.
- _____ \$80.00 Tuition in (**9**) **installments (Aug. – April)**

We, the undersigned parent/guardians of the above named student, agree to pay tuition and to comply with all the school policies as contained in the Parent's Handbook, Discipline Policy as well as directives from the director's office while our child is attending Mt. Zion UMC 2 Yr. Old Preschool Program. If default in payment of monies owed to Mt. Zion UMC, and after a conference with the Director, I understand my child may be removed from the program. Any family financial crisis should be brought to the attention of the Director immediately. If my account is referred to an agency for collection, I agree to pay attorney's fees up to 25% of the principle amount due. The parties acknowledge that this is the entire agreement and that no modification can be made unless made in writing signed by all signatories to the original contract.

Parent's Handbook and
 Discipline Policy
 received and agreed upon.

Father's/ Guardian's Signature	Date Signed	Initial
Mother's/Guardian's Signature	Date Signed	Initial

Mt. Zion United Methodist Church Preschool accepts this contract and its terms.

 Director Date Signed

*Retain one copy for your records and return one copy to the Preschool.

Mt. Zion United Methodist Church



Allergy information

Please inform us if your child has any allergies to a particular substance or animal.

- My child, _____, **has no** known allergies at this time.
 My child, _____, **has** the following allergies (please list below):

Parent/Guardian Signature: _____ Date: _____

Photo release

Mt. Zion UMC Preschool requires your permission to include pictures of your child participating in preschool activities, which may be displayed or published to promote the Preschool Program.

Child's name _____

- Yes**, my child may be included in bulletin board displays and preschool publications
 No, please exclude my child from picture displays.

Parent/Guardian Signature: _____ Date: _____

Mt. Zion United Methodist Church



Child pick-up

The following individuals have permission to pick up my child from Mt. Zion UMC Preschool. (Please include parent's names also). A photo ID is required of each individual listed.

<u>Name</u>	<u>Relationship</u>	<u>Phone No.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that if someone listed above is unknown to the teaching staff, identification will be required and compared to the photo ID supplied before a child will be released.

Someone other than those listed above may take a child home only if we have received written permission from a parent or guardian.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY FORM

INSTRUCTIONS TO PARENTS:

- (1) Complete all items on this side of the form. Sign and date where indicated.
- (2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

When parents cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____
Street/Apt.# City State Zip Code

2. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____
Street/Apt.# City State Zip Code

3. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____
Street/Apt.# City State Zip Code

Child's Physician or Source of Health Care _____ Telephone _____

Address _____
Street/Apt.# City State Zip Code

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian _____ Date _____

Child's Name _____ Birth Date _____
Last First

Enrollment Date _____ Hours & Days of Expected Attendance _____

Child's Home Address _____
Street/Apt.# City State Zip Code

Mother's Name _____ Home Telephone _____
Last First

Mother's Employer/School _____
Name Address

Mother's Home Address (If different from above) _____
Street/Apt.# City State Zip Code

Work Telephone _____ Cellular Phone _____ Beeper _____

Father's Name _____ Home Telephone _____
Last First

Father's Employer/School _____
Name Address

Father's Home Address (If different from above) _____
Street/Apt.# City State Zip Code

Work Telephone _____ Cellular Phone _____ Beeper _____

Name of Person Authorized to Pick Up Child (daily) _____
Last First Relationship to Child

Address _____
Street/Apt.# City State Zip Code

ANNUAL UPDATES _____
(Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)